United Nations A/59/852

General Assembly

Distr.: General
20 June 2005

Original: English

Fifty-ninth session
Agenda items 43, 45 and 55

Follow-up to the outcome of the twenty-sixth special session: implementation of the Declaration of Commitment on HIV/AIDS

Integrated and coordinated implementation of and follow-up to the outcomes of the major United Nations conferences and summits in the economic, social and related fields

Follow-up to the outcome of the Millennium Summit

High-level Meeting of the General Assembly on HIV/AIDS

Note by the President of the General Assembly

The President of the General Assembly has the honour to transmit the summaries of the discussions of the five round tables of the High-level Meeting of the General Assembly to review the progress achieved in realizing the commitments set out in the Declaration of Commitment on HIV/AIDS, pursuant to General Assembly resolution 58/313, paragraphs 2 and 3 (j).

05-39174 (E) 120705

Summary

The present document reflects the summaries of the round-table discussions of the High-level Meeting of the General Assembly, as presented to the President of the General Assembly by the Chairpersons of the five round tables.

The Meeting was held in New York on 2 June 2005.

Summary of the discussions of the round table on resources[1]

(Chaired by Mr. Jean-Louis Schiltz, Minister of Cooperation and Humanitarian Action of Luxembourg)

1. Total HIV/AIDS funds available for the AIDS response in developing countries grew from an estimated $300 million in 1996 to $6.1 billion in 2004, a figure which includes domestic funding by developing countries of $2 billion. As a result, there are now raised expectations among donors, affected countries and the people living with HIV/AIDS that the quality and quantity of prevention, care and treatment services would increase dramatically. Yet, in some countries, limitations in human resources and infrastructure have hampered the scaling up of services for their AIDS response. Those challenges must be addressed in parallel with the imperative to continue to increase the resources available. One of the most pressing needs is to deal with the human capacity crisis. That requires addressing the barriers which prevent the building of stronger capacity in the health and other sectors, stemming the drain of skilled manpower from public service into non-governmental organizations and the private sector as well as from poor to rich countries and reducing the urban-rural bias in the provision of services. The effectiveness of future funding increases for AIDS will depend, in large part, on the capacity of recipient countries to make effective use of these resources.

2. Assuming that current trends in resource availability are maintained, significant additional funding of several billion United States dollars will be needed over the period from 2005 to 2007. National and personal contributions may have little room for further expansion, and donor nations will therefore need to increase their commitments if an effective response to the AIDS epidemic is to be mounted.

Key findings

3. **It is critical to ensure that increased funds are available and they address defined financing gaps. This increased funding must come from a range of sources, particularly international donors, domestic resources, the private sector, and from donations from the general population. Each country will require a different mix of funding sources to address national circumstances, needs and priorities. It should be noted that international funds derive from increases of official development assistance (ODA) and from developing other innovative financing mechanisms.**

4. **Donor contributions must be quickly made available, be sustainable and predictable. These commitments must be firm and it is essential that there is follow-up to ensure that they are disbursed effectively.**

5. **Funding for HIV and AIDS must be provided through a number of channels, in particular bilateral and multilateral. Multilateral HIV/AIDS-focused organizations must be adequately funded, specifically the Global Fund and the coordinated UNAIDS programme.**

6. **Funds must be available for prevention, in particular sexual and reproductive health services, treatment, care and research. Funds should target**

[1] Convened by the Joint United Nations Programme on HIV/AIDS, the World Bank and the Global Fund to Fight AIDS, Tuberculosis and Malaria.

the poorest countries in the most heavily affected regions — specifically Africa, but also the Caribbean, Asia, and Eastern Europe.

7. **It is essential to improve and build infrastructure and human capacity to meet national needs. It is necessary to identify and therefore to implement innovative mechanisms to address the human capacity gaps and the impact of the brain drain, of such workforces, which is both the migration of skilled workforces and the loss of human lives due to AIDS. In addressing these human capacity gaps, partnerships between countries and increased availability of training are essential elements.**

8. **Better coordination is needed which results in increased effectiveness. This will be achieved through full implementation of the "Three Ones" and the Paris Declaration. Also, where needed, reforms should be undertaken in the health and finance sectors.**

Summary of the discussions of the round table on prevention[2]

(Chaired by Ms. Anna Marzec-Boguslawska, Head of the National Centre for HIV/AIDS of Poland)

9. The Round Table on Prevention convened by UNFPA, UNESCO and UNODC, began with introductory remarks by the Chair, Anna Marzec-Boguslawska, Head of the National Centre for HIV/AIDS of Poland, and Thoraya Ahmed Obaid, Executive Director of UNFPA.

10. Delegates participating in the round table reaffirmed, in line with the Declaration of Commitment on HIV/AIDS: (a) that prevention is the mainstay of the response; (b) the need to address stigma and discrimination and socio-cultural issues as root causes of vulnerability to infection; and (c) the need to scale up efforts. Yet the increasing level of new infections send a clear message: current prevention efforts and implementation of prevention programmes are inadequate and it is imperative that we massively scale up and intensify prevention now, with all the necessary financial, institutional and human resources, to broaden coverage ensuring access to prevention information, education and services for all who need them with the ultimate goal of universal access to prevention and treatment. Delegates emphasized the importance of adequate resource mobilization and allocation to sustain prevention efforts.

11. Delegates highlighted that prevention must be the cornerstone of our response. An inclusive process of developing and implementing is essential and requires reaching out to people living with HIV/AIDS, young people, women and particularly young girls, and other vulnerable and key populations, including sex workers, injecting drug users, men who have sex with men, prison populations and mobile populations.

12. Several delegates stated that early prevention efforts targeted at children and young people form an important part of the response to the pandemic. The importance of truly listening to, and engaging with, young people, understanding

[2] Convened by the United Nations Population Fund, the United Nations Educational, Scientific and Cultural Organization, and the United Nations Office on Drugs and Crime.

and meeting their needs, and utilizing them as agents of change, is crucial to reverse the epidemic.

13. Several delegates noted that there remains a need to make in-roads on reducing stigma and discrimination towards those infected and affected to overcome this major barrier to effective prevention programmes.

14. Delegates further noted that prevention must be comprehensive and evidence informed and must provide also reliable and sufficient access to effective prevention commodities, such as male and female condoms and sterile injection equipment and substitution therapy. Current prevention coverage is inadequate. Focused prevention for and with vulnerable populations must be supported providing not only access to prevention, treatment and care services, but concurrently addressing the causes of their vulnerability, including social, cultural and economic factors.

15. Delegates highlighted that the impact of HIV/AIDS on women and girls demands especially bold efforts to eliminate the gender inequalities that put them at increased risk of HIV infection and further diminish their economic and social status. Prevention efforts must include improving women's and girls' access to education, gender-sensitive and appropriate interventions, ensuring equal access for women and girls to health care and services, promotion and protection of sexual and reproductive health and rights, protection from gender-based violence, and greater access to female-controlled prevention methods.

16. Delegates emphasized that full utilization must be made of existing opportunities and infrastructures to intensify prevention, including linking HIV/AIDS and sexual and reproductive health. Many delegates pointed out that universal access to sexual and reproductive health is essential to achieving the Millennium Development Goals. Emphasis was placed on the need to provide all people, including young people, with a full complement of tools to promote safer sexual behaviour and prevent HIV transmission. These include: skills-based sexual education in schools; behaviour change programmes; youth-friendly health services offering essential interventions for the prevention, diagnosis and treatment of sexually transmitted infections and HIV/AIDS; expanded access to affordable, voluntary and confidential counselling and testing; mass media interventions; and interventions to prevent HIV transmission through unsafe drug-injecting practices and services targeted to other vulnerable populations.

17. In addition, it was noted that encouragement should be given for widespread workplace programmes, ensuring implementation of comprehensive HIV and AIDS education in and outside schools, comprehensive prevention and care programmes for drug users and prisoners, and integration of prevention information and tools within efforts to expand treatment.

18. Delegates noted that in order for integrated approaches to be effective, it is necessary to ensure stepped up monitoring, evaluation, data collection and analysis, and research to maximize emerging technologies, including microbicides and vaccines, sustainable over the long term.

19. Delegates emphasized that a coordinated response based on the achievement of the "Three Ones" (one national AIDS coordinating authority, one national AIDS framework for action, and one national monitoring and evaluation system) is essential. Above all, response to HIV/AIDS must remain true to the principles of human rights, gender equality, taking a rights-based and multisectoral approach

beyond the health sector, involving all stakeholders including civil society and the private sector, establishing a climate of solidarity and international cooperation, with coordinated action tailored to respond to the local context of the epidemic, and ultimately demand accountability for results.

20. Several delegates noted the opportunity to take bold steps within the policy document on intensifying HIV prevention being developed through UNAIDS.

Summary of the discussions of the round table on treatment, care and support[3]

(Chaired by Dr. Anupong Chitwarakorn, Senior Expert, Preventive Medicine, Ministry of Public Health of Thailand)

21. A strong consensus has emerged that providing treatment and care to children and adults living with HIV/AIDS is a humanitarian and ethical imperative. The push to dramatically expand the availability of treatment has gained impetus through the convergence of several factors, including renewed political will and leadership, commitments to the "3 by 5" target; rapidly falling drug prices; and the availability of financing. There is a strong consensus now that treatment and care do work and are feasible in resource-limited settings.

22. While significant progress has been made, existing treatment programmes still have many challenges to face, and clear points emerged from the round-table meeting as follows:

(a) Action is needed to reduce the continuing impact that stigma and discrimination have in limiting access to prevention and treatment, especially for those who may need it most. This includes women, injecting drug users, men who have sex with men, and sex workers;

(b) There is a need to provide access to treatment, care and support to the most vulnerable groups, including children, injecting drug users, the poor, those living in remote/rural areas, and other socially excluded groups;

(c) Review and scale-up of national testing policies and practices are needed in order to encourage more widespread knowledge of serostatus;

(d) All partners must take necessary action to further lower the price and increase accessibility of first- and, particularly, second-line antiretroviral medicines and formulations for infants and children; participants highlighted the potential need to make use of flexibilities available to them under WTO agreements in order to secure continued and increased access to the requisite medicines;

(e) There is a need to speed up and streamline commodity procurement as well as to improve supply management at the country level, in order to deliver an uninterrupted supply of medicines and diagnostics;

(f) All partners must work cooperatively to develop creative and innovative solutions to the human resource crisis which is emerging as a major impediment to treatment and prevention roll-out, including voluntary and compulsory licensing;

[3] Convened by the World Health Organization and the International Labour Organization.

(g) There is a need to strengthen systems to record and monitor the access to treatment and prevention services by women, girls, children and vulnerable populations, such as injecting drug users, which includes the provision of disaggregated data by sex and age;

(h) There is a need to integrate HIV prevention, care and treatment support, palliative care, traditional therapy, prevention of opportunistic infections and nutritional support with antiretroviral therapy as the components of a comprehensive HIV/AIDS care package, provided free at the point of delivery;

(i) The issues of adherence and drug resistance must be addressed urgently and proactively;

(j) Programmes should maximize the use of community workers and people living with HIV/AIDS themselves in delivering antiretroviral therapy; monitoring its use; and promoting adherence to maximize effectiveness and to reduce the emergence of drug resistance;

(k) Partners should expand the use of comprehensive workplace programmes to deliver treatment and prevention services to workers, their families and the community at large;

(l) All partners should work to increase both international and national resources, as well as coordinated technical support, including through South-South cooperation, for comprehensive treatment and prevention programmes in a long-term and sustainable fashion;

(m) UNAIDS should establish a formal mechanism for receiving information and reports from civil society organizations and people with HIV/AIDS (PWHA) organizations on the implementation of the Declaration of Commitment in their respective countries as input for the 2006 Progress Report.

Summary of the discussions of the round table on human rights and gender[4]

(Chaired by Dr. Marcus Bethel, Minister of Health of the Commonwealth of the Bahamas)

23. The round table on human rights and gender, convened by UNDP, the United Nations Development Fund for Women, the Global Coalition on Women and AIDS and the United Nations High Commissioner for Refugees, was chaired by Senator, the Honourable Dr. Marcus C Bethel, Minister of Health of the Commonwealth of the Bahamas.

24. The round table strongly reaffirmed the call of the Declaration of Commitment on HIV/AIDS for the full realization of human rights and fundamental freedoms for all — particularly those living with or vulnerable to HIV/AIDS — as an essential element in the response to the HIV/AIDS pandemic. Experience has clearly shown that human rights violations and inequitable gender relations fuel the spread of HIV/AIDS by reducing the effectiveness of, and hindering access to prevention, treatment and support services. Human rights infringements, whether in families,

[4] Convened by UNDP, UNHCR, UNIFEM and the Global Coalition on Women and AIDS.

communities, workplaces or health facilities, discourage people from speaking openly about HIV and hamper effective responses to the epidemic. In addition, the growing feminization of the epidemic and the dramatic disparity in infection rates among young women aged 15-24 compared to young men of the same age, are a reflection of the social, economic and legal inequities that increase the vulnerability of women and girls to infection.

25. The round-table discussions addressed the disappointing progress in meeting human rights and gender targets set in the Declaration of Commitment. Too many countries have yet to adopt legislation to prevent stigma and discrimination against people living with HIV/AIDS or to protect vulnerable and displaced populations. And where such legislation exists, there is often a significant gap between law and practice. Moreover, few countries have begun to seriously address the underlying issues that increase women's and girls' vulnerability to HIV/AIDS, including the widespread acceptance of physical and sexual violence against women, inequitable social, economic and cultural rights, and limited rights of women to property and inheritance.

26. Development concerns such as conflict, food insecurity and poverty were recognized as offering fertile ground for the spread of HIV/AIDS. The need for poverty reduction strategies to encompass gender equality and women's rights principles in order to address the economic vulnerability of women and girls was also highlighted. Delegates underscored that halting the epidemic is a millennium development goal in itself, and a prerequisite for the achievement of the commitments contained in the Millennium Declaration.

27. Strong calls were made for fully involving men and boys at all levels in promoting gender equality, including lawmakers, policymakers and community leaders. Delegates emphasized that without the leadership and partnership of men and boys, who occupy positions of power in households, communities and societies, progress in reducing HIV infection would not be realized.

28. The interactive round-table discussion called for rapid and intensified efforts to advance and implement human rights and gender equality, and resulted in the following key recommendations:

(a) **Responses to HIV/AIDS must systematically apply a human rights framework and integrate gender equality concerns in order to reduce vulnerability to infection, advance prevention goals, ensure equal access to treatment, care and support, and mitigate social and economic impacts of HIV/AIDS.**

(b) **National legislation must be enacted and/or strengthened, and enforced to protect the rights of people living with HIV/AIDS and all vulnerable and displaced populations, to enable groups to be reached with information and services to effectively limit the spread of HIV.**

(c) **Human rights of people living with HIV/AIDS and women must be vigorously upheld and protected, including confidentiality and equal protection under the law, sexual and reproductive rights, and rights to health, housing, education and employment.**

(d) **Mechanisms for monitoring of national compliance with the human rights components of the Declaration of Commitment must be strengthened to**

protect the rights of people affected by HIV, and other international frameworks and strategies already in place such as the Convention on the Elimination of All Forms of Discrimination against Women utilized to accelerate the response to AIDS.

29. The Round Table further called for renewed commitment and action for:

(a) Equal access to care and treatment for men and women living with HIV/AIDS, and intensified efforts within countries to ensure that laws and programmes are implemented to eliminate discriminatory practices that impede women's access to HIV prevention, care and treatment services;

(b) The dramatic scale-up of efforts to improve the status of women and girls, including but not limited to initiatives that ensure that both girls and boys are in school, protect women's property and inheritance rights, and address norms and attitudes that reinforce gender inequality and fuel the epidemic. Programmes that respond to the specific needs of women of all ages must be fully resourced;

(c) The involvement of men and boys as full partners in shaping and implementing strategies to improve gender equality within the national response to AIDS;

(d) Reaffirming and accelerating national efforts to eliminate all forms of violence against women and girls, including physical and sexual violence, rape and trafficking;

(e) Recognizing and supporting caregivers, and providing information and resources to improve community-based care, and to reduce the burden of care on women and girls;

(f) The United Nations system and the international community to provide technical assistance and capacity-building support to countries in exchanging best practices and model legislation, to protect the rights of people living with HIV/AIDS and of women;

(g) Inclusion of refugees and other potentially vulnerable groups in all efforts to prevent and treat HIV/AIDS, and integration of programmes for refugees and surrounding host populations;

(h) Involving all sectors of society in addressing human rights and gender equality, including the public and private sectors, media, civil society, faith-based organizations and human rights organizations;

(i) Committed political leadership to promote gender equality and challenge stigma and discrimination, to halt and reverse the epidemic.

Summary of the discussions of the round table on orphans and children made vulnerable by HIV/AIDS[5]

(Chaired by Mme Paulette Missambo, Minister of Public Health and Population of the Gabonese Republic)

30. Globally, in 2004, children under 15 years of age constituted 13 per cent of new global HIV infections and 17 per cent of annual HIV/AIDS deaths worldwide. By 2010, 18 million children in Africa will have lost one or both parents to AIDS. This represents just a fraction of the number of children whose lives will be altered by the impact of HIV/AIDS on their families, communities, schools, health-care and welfare systems.

31. With the escalating rates of HIV, the crisis for children will persist for decades, even as prevention and treatment programmes expand. Despite the growing problem, not enough is being done for children affected by HIV/AIDS.

32. Participants at the round table explored ways to better work together so that programmes address the children's comprehensive needs for both direct short-term support as well as longer-term strategies for protecting and securing the rights of children affected by AIDS. Action-oriented responses should be led by Governments and guided by *The Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS*, which describes five broad strategies that should underpin all quality programming for children affected by HIV/AIDS:

(a) Strengthen the capacity of families to protect and care for orphans and vulnerable children by prolonging the lives of parents and providing economic, psychosocial and other support;

(b) Mobilize and support community-based responses;

(c) Ensure access for orphans and vulnerable children to essential services, including education, health-care and birth registration;

(d) Ensure that Governments protect the most vulnerable children through improved policy and legislation and by channelling resources to families and communities;

(e) Raise awareness at all levels through advocacy and social mobilization to create a supportive environment for children and families affected by HIV and AIDS.

33. To care, support and protect the growing number of orphans and vulnerable children, a greater number and range of partners should endorse and jointly implement the Framework. Strengthened partnerships across sectors at the international, national and community levels are necessary to reduce the impact of the epidemic on children.

34. Participants agreed that in the long term, several key interventions are crucial.

35. Prevention is the best way to prevent future orphaning. Focus for primary prevention should be on adolescents, especially girls, and that means ensuring that adolescents have access to sexual and reproductive information and services.

[5] Convened by the United Nations Children's Fund and the World Food Programme.

36. Another important way to reduce AIDS-related vulnerability in children, in addition to keeping adolescents, parents and caregivers HIV-free, is to keep them healthy if infected. The "3 by 5" initiative, led by WHO, is an important one and partners should work together to expand access to care, support and treatment for parents, especially mothers, including food and nutrition security, through scaling up the comprehensive Mother-to-Child Transmission Plus initiative to prevent new infections in parents and infants and to expand treatment access to families, especially the over 2 million children living with HIV/AIDS. Programmes that provide nutritional support help to keep HIV-positive parents healthy for as long as possible. Community and school-based food and nutrition programmes are essential to ensuring the nutrition and education of the children.

37. Participants agreed that ensuring access to education for children affected by HIV/AIDS is a priority. However, they recognized that attending school may be problematic for children affected by HIV/AIDS, especially those living in a household with a sick adult caregiver. Obstacles such as financial costs and children's role as primary caregivers for their ill parents and grandparents can combine to make children especially vulnerable. Therefore, partners agreed on the importance of focusing on realistic programmes addressing ways to facilitate children's access to school, taking into account measures such as removal of school fees, take-home food rations, school meals, direct support, skills' training, in addition to psychosocial support.

38. Participants recognized the long-term nature of the problem, and therefore, the need to identify and support long-term solutions. The large and growing number of children affected by HIV/AIDS should be seen as a development challenge and therefore should be included in development tools such as the Poverty Reduction Strategy Papers (PRSP) and national budgets. For example, maintaining the resilience of communities and families is crucial to maintaining the integrity of the family. This relies on making social protection systems work for communities and families affected by HIV/AIDS, and strengthening local governance structures as well as ministries with a role at the national level.

39. Partners also need to be innovative in reorienting the services being provided to reach orphans.

40. Governments must ensure that children in need are being reached and followed effectively through sound monitoring and evaluation systems. Participants agreed that they are accountable for assessing, analysing and improving the situation of orphans and children affected by HIV and AIDS pursuant to the commitments made by Governments in the Declaration of Commitment. To do so, data disaggregated by age, sex, relation of children to the head of household, and type of support and protection needed should be generated and available to those who need it for decision-making.

41. Creating a viable future for orphans and vulnerable children is a task in which all partners must take an active part in a coordinated manner. Creative, committed action at the community, district, national, regional and international levels has demonstrated that a better future for millions of affected children can be achieved. Participants at the round table agreed to ensure that the rights of children are protected, respected and fulfilled.